

## Foster Family Home - Corrective Action Report

Provider ID: 1-160082

Home Name: May Bernal, NA

503 Kulia Street

Wahiawa

HI 96786

Review ID: 1-160082-3

Reviewer: David Ayling

Begin Date: 9/25/2018

End Date: 10/3/18

### Foster Family Home

### Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 9/25/18. Corrective Action Report issued during home visit with all items due to CTA by 10/25/18.

6.(d)(1) - see applicable sections of the review

### Foster Family Home

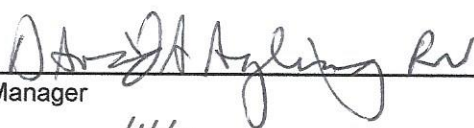
### Quality Assurance


[17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a) - Emergency management policies and procedures not signed by all SCG's.

  
Compliance Manager

  
Primary Care Giver

9/25/18  
Date

9/25/18  
Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: May Bernal Foster Care Home  
CCFFH Address: 503 Kulia Street, Wahiawa Hawaii 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48.1.(a)	All Substitute Caregivers have read and signed my emergency management policies and procedures. I placed the signed emergency management policies and procedures in my CTA binder.	9/28/2018	I will have every new Caregiver read and sign my emergency management policies and procedures when I hire them.

Primary Caregiver's Signature: 

Print Name: May B. Bernal

Date of Signature: 9/28/2018